

GASOLINE CLAIM FOR REFUND

INSTRUCTIONS

1. See reverse side for general instructions and information.
2. Mail original to the Department of Revenue Services at the above address.
3. **REFUND CLAIMS MUST BE FILED BY MAY 31, 1999** for purchases made during calendar year 1998.

CT Tax Registration Number /Social Security Number		Telephone Number ()		FOR DEPARTMENT USE ONLY		Audit Number	
Name of Claimant <i>(Please type or print)</i>				Claim Number			
Number and Street				Refund Gallons			
City or Town		State	ZIP+4	Refund Tax \$			
Type of Business		Location of Records <i>(if different from above)</i>		Reviewed By		Date	
Prior Claim Filed for Period Ending / /	Period of Claim From To			Approved By		Date	

[illegible]

C O M P U T A T I O N	1. Total operating miles for period	
	2. Total number of gallons for period	
	3. Average miles per gallon (Divide Line 1 by Line 2)	
	4. Total Connecticut miles used for transportation of passengers	
	5. Refund gallons (Divide Line 4 by Line 3)	
	6. Tax refund (Multiply Line 5 by one half of the appropriate rate per gallon. See rate table on reverse side.)	\$

Signature	Title	Date
Print Name		

GENERAL INSTRUCTIONS AND INFORMATION

IMPORTANT: Because the motor vehicle fuels tax rate changed during the year, you must file a **Form AU-737c** for the purchases you made at each motor vehicle fuel tax rate (see table below).

Your motor vehicle fuels tax refund claim on fuel purchased during the preceding calendar year must:

- (1) be filed with the Department of Revenue Services on or before the last day of May; **AND**
- (2) involve at least 200 gallons of fuel.

Please provide a telephone number where we can reach you.

In order to expedite the processing of your claim, please indicate your Connecticut tax registration number or social security number in the space provided.

You must attach the original (or a photocopy) of each numbered slip or invoice that was issued to you at the time of each purchase of fuel reported on Line 2. The slip or invoice must indicate the date of purchase, the name and address of the seller (which must be printed or rubber stamped on the slip or invoice), the name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund), the number of gallons of fuel being purchased and the price per gallon.

You must maintain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue Service upon request.

Livery service operators (except motor buses) must attach a copy of their permit issued under Chapter 244b of the Connecticut General Statutes with each claim filed.

Livery service vehicles (except motor buses) are refunded at half the appropriate Connecticut motor vehicle fuels tax rate.

Table of Motor Vehicle Fuels Tax Rates			
January 1, 1998	through	June 30, 1998	36¢ per Gallon
July 1, 1998	through		32¢ per Gallon

If you need information or assistance, please call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.